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**Myth:** *Health care reform will provide health insurance to illegal aliens.*

**Fact:** Section 246 of H.R. 3200 specifically forbids federal dollars from going towards health insurance for undocumented workers.□ Source: Page 143, Line 3, Section 246 “No Federal Payment for Undocumented Workers”.

**Myth:** *As part of the provision in Section 1904 of the bill, the government is trying to usurp parental rights in child care and development.*

**Fact:** There is no truth to this allegation.□ America’s Affordable Health Choices Act provides grants to states for voluntary home visitation programs for families with young children and families expecting children to improve the well-being, health, and development of children.

- There is no usurping of parental rights. The program is voluntary. Only those families who request assistance and education on child care and development will receive it.
- The bill would create, for the first time, a federal funding stream to help states and communities better plan for and provide quality services to families. In addition, the bill would create competitive grant programs to expand access to home visitation services, and it would help states create partnerships between programs and related community services.
- This is bipartisan reform. Similar provisions have been included in bipartisan bills during this Congress, such as S.244 and H.R. 2667. In the last Congress, H.R. 2343, a bill with similar provisions, received bipartisan support, including Republican cosponsors.

**Myth:** *Everyone will be affected by the reform except Members of Congress and their families.*

**Fact:** Members of Congress’ health care plans will be subject to the same rules as all

**other employer-sponsored plans.□ Nothing in the legislation exempts the plans available as part of the Federal Employee Health Benefits (FEHB) program (the plans Members of Congress and staff enroll in) from the reforms.**

- By the end of 2018, all employer-sponsored health insurance plans, including the plans that are part of Federal Employee Health Benefits program, will have to meet at least the same basic minimum standards of coverage as those insurance plans as offered through the exchange. These minimum standards include coverage for preventative care, inpatient and outpatient hospital services, maternity care, and mental health services, among others. The FEHB plans will also have to follow these rules.

- More than 90 percent of all employer-sponsored plans offered today are likely to meet or exceed the bill's minimum standard of coverage under our legislation, including the FEHB. In these cases, employees would not see any changes in how they use their plan, the doctors they choose or the care they receive. The remaining plans will have until the end of 2018 to make these minor adjustments.

**Myth:** *The health care plan will bring Canadian-style health care to the United States.*

**Fact:** Canada operates under a single, government-run health insurance program, known as a single-payer system. Under the current House bill, patients would be able to keep their private insurance, and there would be no mandate to switch plans or join the public insurance option. This bill is all about giving people options and letting them choose the type of care that best works for them. Source: FactCheck – Annenberg Public Policy Center at University of Pennsylvania, June 17, 2009.

**Myth:** *The government's plan is going to overpower all the others.□ Over time it will run private insurers out of business.*

**Fact:** The nonpartisan [Congressional Budget Office](#) estimates that no more than 10 million people – less than 3% of Americans – will choose to be on the public option.□ According to the CBO's analysis, private insurance coverage will actually increase under the House version of the bill, as more people gain access to insurance. Source: CBO, July 26, 2009.

**Myth:** *My employer will just drop me onto the government plan, so I'll be stuck with socialized medicine.*

**Fact:** Right now, there is nothing to stop your employer from dropping you from your current plan, but under the House bill employers who drop their workers' coverage will be assessed an 8% fine.□ This means you are actually less likely to lose your employer-based insurance as a result of the proposed legislation.□ Furthermore, even if your employer did choose to drop your coverage and pay the 8% fine, you would be able to choose any of the plans available in your area and you would not be forced onto the

**government plan.**

**Myth:** *The government is going to take over my health care.*

**Fact:** Once again, you cannot be forced onto a government plan. If you like the coverage you currently have, you can keep it. One of the main goals of HR 3200 is to lower costs for individuals who choose to keep their existing insurance.

**Myth:** *Health Care Reform will cost “trillions of dollars.”*

**Fact:** In a July 14th analysis, the nonpartisan [Congressional Budget Office](#) estimated the bill’s cost at \$1.042 trillion. Of this amount, \$430 billion would be paid for by eliminating inefficiencies in the current system (such as overpayments to Medicare private plans). The rest would be paid for through a surtax on the richest 1.4% of Americans. Source: FactCheck – Annenberg Public Policy Center at University of Pennsylvania, July 23, 2009.

**Myth:** *Taxes on the poor and middle class would increase “astronomically” to cover the costs of the plan.*

**Fact:** The nonpartisan Tax Policy Center estimates that less than 1.4% of all U.S. households would face higher taxes as a result of this legislation. Those with adjusted gross incomes above \$280,000 a year (or \$350,000 a year for couples) would experience modest tax increases. For such individuals, the tax would start at 1%, increasing to 5.4% for those with incomes of over \$1 million per year. The poor and middle class will absolutely not see tax increases as a result of this proposal. Source: FactCheck – Annenberg Public Policy Center at University of Pennsylvania, July 15, 2009.

**Myth:** *The insurance companies already compete enough without the public option.*

**Fact:** The 1945 McCarran-Ferguson Act made the insurance industry exempt from most parts of federal anti-trust law, and thus free to fix prices and distribute markets. The proposed Health Insurance Exchange would foster competition between the private plans offered by insurance companies and the public option.

**Myth:** *The Republican plan enables consumers to keep their plan, along with “access to an affordable basic coverage,” according to Republican Whip Eric Cantor’s commercial.*

**Fact:** There is no cohesive Republican plan. In May, the GOP offered a bill to cut the tax credit for employers who provide health insurance and give that to the workers, but there has been no talk of that plan since then. A Republican health care task force convened in February, but so far they have NOT offered a plan. Source: FactCheck – Annenberg Public Policy Center at University of Pennsylvania, July 23, 2009.

**Myth:** *Page 425 of the bill will require you to get counseling as to “how you will die,” and you’ll be forced to sign a document letting the government put you to death.*

**Fact:** Under [Section 1233](#) of the House bill, once every five years Medicare will pay for a voluntary conversation between you and your doctor about end-of-life treatment preferences and information about living wills, granting power of attorney, and other important and personal decisions. Like all of Medicare, this is a voluntary benefit, and if patients do not want to discuss their care wishes, they don't have to. No "government bureaucrat" will be involved in any way. Many patient advocacy groups, including the AARP, strongly endorse this provision of the bill. Please see Congressman Blumenauer's [advance care planning myths vs facts](#) .

**Myth:** *Page 16, Section 102 of the bill states that citizens will be forced to join the public plan after a set period of time or if their private insurance changes.*

**Fact:** Once again, this is a deliberate misreading of the bill. The language instead ensures that Americans currently covered by insurance policies will not lose their coverage with health insurance reform, and that plans will provide true coverage and not be "cut-rate." "The House bill allows for existing policies to be grandfathered in, so that people who currently have individual health insurance policies will not lose coverage." Source: PolitiFact.com, 7/22/09

**Myth:** *Premiums would increase for individuals on private health insurance as a result of the government run plan and Health Insurance Exchange (Conservatives for Patients' Rights claims that "new rules could hike your health insurance premiums 95 percent").*

**Fact:** The ad refers to the 5 percent of Americans with health insurance who buy it on their own. The source for those numbers comes from a group that advocates for insurance companies. This analysis doesn't take into account important elements of the legislation that would keep the costs down. Source: FactCheck – Annenberg Public Policy Center at University of Pennsylvania, August 3, 2009.

